

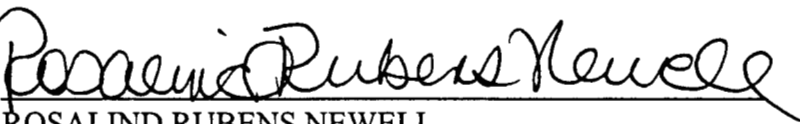
Entered -10-24-00 - sb
CL 00L0646 - GWENDOLYN BURNS

00-*R*-1932

CLAIM OF: **JERRY COFFEY, JR.**
1351 Bankhead Ave., NW
Atlanta, Georgia 30318

For property damages alleged to have been sustained when police
ran on top of a van in pursuit of a subject on August 25, 2000 at
1351 Bankhead Avenue, NW.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 10-17-00

BURNS
10/23/00
DM

Dear Municipal Clerk:

ENTERED - 10-24-00 - SB
00L0646 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 851.25 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 08/25/00 (month/day/year) 2. Time of Incident: APRX. 5:00PM 3. Police called: _____ Yes No
4. Location of incident (including street address): BURRELL-COFFEE MOTORS
1351 BANKHEAD AVE N/W ATLANTA, GA. 30318
5. Name of your insurance company: AUTO-OWNERS INSURANCE COMP. Policy No. 96-938-299-00
6. State what and how incident occurred: SEVERAL ATLANTA POLICE OFFICERS WERE
IN PURSUIT OF SOMEONE AND IN THE PROCESS, LITERALLY,
RAN ON TOP OF A 92 DODGE CARAVAN. THEY DID DAMAGE TO
THE VANS ROOF AND HOOD. OFFICERS INVOLVED WERE BLYTHE AND BILAK.
CASE #002381858
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: DODGE CARAVAN 1992 DEALERSHIP INVENTORY N/A
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: N/A
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: JERRY COFFEY JR. 2000 AVONLEA (678) 445-6390
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Jerry Coffey Jr.
Signature of Claimant

JERRY COFFEY JR.
(Print Claimant's Name)
1351 BANKHEAD AVE N/W
(Address)
ATLANTA, GA. 30318
(City, State and Zip Code)
(404) 874-3673 (678) 445-6390
(Work Number) (Home Number)

00-1932

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0646

Date: November 16, 2000

Claimant /Victim JERRY COFFEY, JR.
BY: (Atty) (Ins. Co.) _____
Address: 1351 Bankhead Avenue, NW, Atlanta, Georgia 30318
Subrogation: _____ Claim for Property damage \$ 851.25 Bodily Injury \$ _____
Date of Notice: 10/20/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____ Ante Litem (6 Mo.) _____
Date of Occurrence 8/25/00 Place: 1351 Bankhead Avenue, NW,
Department POLICE Division _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that he sustained damages when police officers ran on top of his van while pursuing a subject in a foot chase. However, a municipal corporation shall not be liable for the torts of policemen or other officers engaged in the discharge of the duties imposed on them by law as set forth in O.C.G.A. Section 36-33-3.

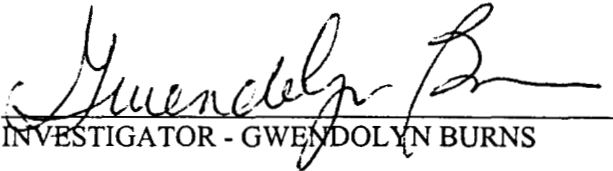
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 11-17-00
Committee Action: _____ Council Action _____